

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4221

## FORM JC/OH COVER SHEET PG 1

The JC/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI
	JUDGE PAUL		
	NICKNAME	LAST	SUFFIX
	DAVIS		
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX	APT / SUITE #	CITY STATE ZIP CODE
	P.O. BOX 1748 Austin, TX 78767		
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI
	CHARLES		
	NICKNAME	LAST	SUFFIX
	CRAIG		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE #	CITY STATE ZIP CODE
	808 West 11th Street Austin, TX 78701		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	( 512 )	477-7785	
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
			<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)
			<input type="checkbox"/> Final report (Attach JC/OH - FR)
9 PERIOD COVERED	Month	Day	Year
	07	01	98
	THROUGH		Month Day Year
			12 / 31 / 98
10 ELECTION	ELECTION DATE		
	Month	Day	Year
	/ /		
	ELECTION TYPE		
	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General
	<input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)
	JUDGE, 200th District Court		
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **		
	Name		
	Address / PO Box	Apt / Suite #	City State Zip Code

GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

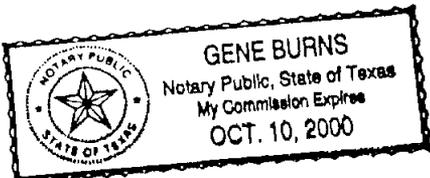
FORM JC/OH  
COVER SHEET PG 2

14 C/OH NAME  PAUL DAVIS	15 ACCOUNT # (Ethics Commission files)
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16 SUPPORTING POLITICAL COMMITTEE(S)  <input type="checkbox"/> additional pages	-- This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,168.46
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 27,548.14
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Paul Davis, this the 13th day of January, 19 99, to certify which, witness my hand and seal of office.

  
Signature of officer administering oath

Gene Burns  
Print name of officer administering oath

Notary Public  
Title of officer administering oath

**LOANS (JUDICIAL)****SCHEDULE E (J)**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E(J)	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS:    ⇐    ⇐    ⇐    ⇐    ⇐    ⇐    ⇐			
5 Date of loan	7 Name of lender <input type="checkbox"/> out of state PAC		9 Loan Amount (\$)
6 Is lender a financial institution?  Y            N	8 Lender address.    City.    State.    Zip Code		10 Interest rate
			11 Maturity date
12 Lender's Principal Occupation		13 Lender's Job Title	
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)	
16 If lender is child, law firm of parent(s) (if any)			
17 Description of Collateral <input type="checkbox"/> none			
18 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	19 Name of guarantor		21 Amount Guaranteed (\$)
	20 Guarantor address.    City.    State.    Zip Code		
22 Guarantor's Principal Occupation		23 Guarantor's Job Title	
24 Guarantor's Employer/Law Firm		25 Law Firm of guarantor's spouse (if any)	
26 If guarantor is child, law firm of parent(s) (if any)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p><b>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></p>			

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule F
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2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Payee name ..... 6 Payee address, City, State, Zip Code	7 Amount (\$)
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8 Purpose of expenditure	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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Date	Payee name ..... Payee address, City, State, Zip Code	Amount (\$)
------	---	-------------

Purpose of expenditure	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
------------------------	--

Date	Payee name ..... Payee address, City, State, Zip Code	Amount (\$)
------	---	-------------

Purpose of expenditure	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
------------------------	--

Date	Payee name ..... Payee address, City, State, Zip Code	Amount (\$)
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Purpose of expenditure	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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July 1, 98 - Dec 31, 98

Expenses - 7/1/98 - 12/31/98				
Date	Ck #	Payee	Amt	Purpose
8-Jul	770	Annie Arron	\$ 50.00	Secretary - going away gift
9-Jul	771	Computer City	\$ 107.71	Computer supplies
6-Aug	772	Youth Sports & Academics	\$ 100.00	Sponsor
10-Aug	773	Judicial Section, State Bar	\$ 30.00	Dues
12-Aug	774	South Austin Democrats	\$ 50.00	Sponsor
24-Aug	775	Allens Boots	\$ 54.11	German intern - going away gift
26-Aug	801	Paul Davis	\$ 250.00	Santa Fe Conference
9-Sep	802	Neil Beyer	\$ 35.99	Bailiff - birthday cake
10-Sep	803	AYLA Foundation	\$ 510.00	Bar & Grill Ad
23-Sep	804	Nancy Herrera	\$ 25.00	Secretary - baby shower
24-Sep	805	Jeanne Meurer	\$ 12.50	Flowers
27-Sep	806	Travis County Democratic Party	\$ 1,500.00	Election Contribution
1-Oct	807	Office Depot	\$ 88.72	Office supplies
16-Oct	808	AYLA Foundation	\$ 60.00	Bar & Grill Tickets
16-Oct	809	Radio Shack	\$ 175.24	Telephone
20-Oct	810	Frank King	\$ 10.00	Judge Hart - flowers
26-Oct	811	Office Depot	\$ 21.52	Office Supplies
8-Dec	813	CompUSA	\$ 55.36	Computer supplies
19-Dec	814	Circuit City	\$ 32.31	Office supplies
		Total	\$ 3,168.46	

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address, City, State, Zip Code	
	7 Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address, City, State, Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address, City, State, Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address, City, State, Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address, City, State, Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

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# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule H
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name  6 Business address; City, State, Zip Code	7 Amount (\$)
8 Purpose of payment		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Business name  Business address, City, State, Zip Code	Amount (\$)
Purpose of payment		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Business name  Business address, City, State, Zip Code	Amount (\$)
Purpose of payment		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Business name  Business address, City, State, Zip Code	Amount (\$)
Purpose of payment		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.	<b>1</b> Total pages Schedule I
<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission filers)

<b>4</b> Date	<b>5</b> Payee name <hr style="border-top: 1px dotted black;"/> <b>6</b> Payee address, City, State, Zip Code <hr style="border-top: 1px dotted black;"/> <b>7</b> Purpose of expenditure	<b>8</b> Amount (\$)
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Date	Payee name <hr style="border-top: 1px dotted black;"/> Payee address, City, State, Zip Code <hr style="border-top: 1px dotted black;"/> Purpose of expenditure	Amount (\$)
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Date	Payee name <hr style="border-top: 1px dotted black;"/> Payee address, City, State, Zip Code <hr style="border-top: 1px dotted black;"/> Purpose of expenditure	Amount (\$)
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Date	Payee name <hr style="border-top: 1px dotted black;"/> Payee address, City, State, Zip Code <hr style="border-top: 1px dotted black;"/> Purpose of expenditure	Amount (\$)
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Date	Payee name <hr style="border-top: 1px dotted black;"/> Payee address, City, State, Zip Code <hr style="border-top: 1px dotted black;"/> Purpose of expenditure	Amount (\$)
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# CREDITS (optional)

# SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K.

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name ..... 6 Payor address, City, State, Zip Code	8 Amount (\$)
	7 Reason for credit	
	Payor name ..... Payor address, City, State, Zip Code	Amount (\$)
	Reason for credit	
	Payor name ..... Payor address, City, State, Zip Code	Amount (\$)
	Reason for credit	
	Payor name ..... Payor address, City, State, Zip Code	Amount (\$)
	Reason for credit	
	Payor name ..... Payor address, City, State, Zip Code	Amount (\$)
	Reason for credit	

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# OUTSTANDING LOANS

# SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule L

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

LENDER INFORMATION

4 Name of lender

5 Lender address, City, State, Zip Code

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address, City, State, Zip Code

LENDER INFORMATION

Name of lender

Lender address, City, State, Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address, City, State, Zip Code

LENDER INFORMATION

Name of lender

Lender address, City, State, Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address, City, State, Zip Code

LENDER INFORMATION

Name of lender

Lender address, City, State, Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address, City, State, Zip Code

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# ASSETS VALUED AT \$500 OR MORE

# SCHEDULE M

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule M
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
4 Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

## FORM JC/OH - FR

The JC/OH Instruction Guide explains how to complete this form.  
 -- Complete only if "Report Type" on JC/OH page 1 is marked "Final Report" --

1 C/OH NAME

2 ACCOUNT # (Ethics Commission files)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
 Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below *only* if you are a candidate --

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
 Signature of Candidate

5 OFFICEHOLDER

-- Complete this section *only* if you are an officeholder --

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer appointment on file.

\_\_\_\_\_  
 Signature of Officeholder